



# REGISTRATION FORM

(Please fill out the following data and return to the Tobago Bridal Association)

## Personal Information

Owners Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

## Contact Information

Main Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Category of Business

(Please tick where applicable)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Wedding & Event Planner | <input type="checkbox"/> Caterer          | <input type="checkbox"/> DJ/ Entertainer      |
| <input type="checkbox"/> Floral Designer         | <input type="checkbox"/> Event Venue      | <input type="checkbox"/> Cake/ Pastry Artiste |
| <input type="checkbox"/> Tours & Transfers       | <input type="checkbox"/> Minister/ Pastor | <input type="checkbox"/> Bar Services         |
| <input type="checkbox"/> Accommodation           | <input type="checkbox"/> Photography      | <input type="checkbox"/> Other                |

Other (Please state specifics): \_\_\_\_\_

## Type of Business

- Sole Trader       Partnership       Limited Liability       Corporate

Date: \_\_\_\_\_ Signature: \_\_\_\_\_